Approved, SCAO JIS CODE: PTD

STATE OF MICHIGAN PROBATE COURT COUNTY OF

PETITION TO TERMINATE MODIFY GUARDIAN FOR DEVELOPMENTALLY DISABLED INDIVIDUAL

FILE NO.	F	IL	E.	Ν	0	
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		DIOADLLI		JAL		
In the matter of				, an individua	I with a developmen	tal disability
1				am interested in this	matter and make thi	s netition a
Name (type or print)				, an increased in this	matter and make th	o petition a
State interest/relations	ship					
2. The developmentall	ly disabled individual's add	dress and telep	hone numl	berare		
City		ate		Zip	Telephone no.	
B. The guardian's add	lress is					
0''			01-1-		7'	
City The developmental	lly disabled individual's n	resumntive he	State	tach a separate sheet if more	Zip	
NAME	II GISABICA III AIVIAAAI S P	disabled individual's presumptive heirs are: (Attach a separate sheet if more ADDRESS AND TELEPHONE NUMBER				
NAME	Street address	ADDRESSANI	DIELEPHON	IE NUMBER	RELATIONSHIP	(if minor)
	Sileet address					
	City	State	Zip	Telephone no.		
	Street address					
				<u></u>		
	City	State	Zip	Telephone no.		
	Street address					
	City	State	Zip	Telephone no.		
			'			
The reasons why th	e court should take action	n are				
. The reasons why th	ic obart oriodia take dollor	1410				
REQUEST that the co	ourt:					
6. Terminate	nout of the plane and any	audian aftha	ن دانه مان داد	dual actata		
	part of the plenary gua part of the partial gua		individ			
7. Accept the resign	nation of the					
☐ a. plenary gua						
c. standby gu			ato.			
		(SEE SE	COND PA	GE)		
ICE NOTE: K #12 form 1 1	and an filled in the objective of	`		•	anlaft beed ee	af tha farm
IDE NUIE: IT this form is t	peing filed in the circuit court fa	ımıy aivision, plea	ase enter the	court name and county in th	ie upper ieπ-hand corner	or the form.

Do not write below this line - For court use only

 ■ 8. Remove the ■ a. plenary guardian of the ■ b. partial guardian of the ■ individual ■ esta ■ c. standby guardian, who ■ has ■ has not been suspended. 								
9. Appoint Name	Address							
City	State	Zip	Telephone no.					
as	guardian 🗌 succes	sor plenary guardian						
of the $\ \square$ individual. $\ \square$ estate.								
10. Appoint Name	Address							
$\overline{ ext{City}}$ as standby guardian of the $\overline{\ }$ individual. $\overline{\ }$ esta	State te.	Zip	Telephone no.					
☐ 11. Modify the powers of the ☐ plenary guardian ☐ parti	al guardian of the	☐ individual ☐ estate	e as follows:					
I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.								
	Date							
Attorney signature	Petitioner signature							
Name (type or print) Bar no.	Name (type or print)							
Address	Address							
City, state, zip Telephone no.	City, state, zip		Telephone no.					